



# PADRECC

March 2004

## Insider

### Achievements

presentations, publications,  
abstracts, & grants

**Steve** has been awarded a VA Merit Review Grant for his research, entitled "Environmental Toxins and the Sodium Pump Currents in Dopamine Neurons".

**Betsy** received a VA Special Achievement Award for her work developing the part time physician timekeeping system for Neurology Service.

Shen K-Z and **Johnson SW** (2003) Group II metabotropic glutamate receptor modulation of excitatory transmission in rat subthalamic nucleus. *J Physiol (Lond)* 553:489-496

Shen K-Z, Zhu Z, Munhall A and **Johnson SW** (2003) Synaptic plasticity in rat subthalamic nucleus induced by high frequency stimulation. *Synapse* 50:314-319

Paul K and **Johnson SW** (2003) Post-inhibitory rebound properties of dopaminergic cells of the ventral tegmental area. *Neurosci Res Comm* 33:147-157

Hohler AD, Ransom BR, chun MR, Troster AI, **Samii A**. The youngest reported case of corticobasal degeneration. *Parkinsonism and Related Disorders* 2003;10(1):47-50

Hohler AD and **Samii A**. Approach to Movement Disorders. In: Winn HR (Ed). *Youman's Textbook of Neurological Surgery*, 5th Edition. Elsevier Health Sciences, Philadelphia, 2003 (vol 3): pp 2729-2744

Shumway-Cook A, Goodkin R, Slimp JC, Price R, **Samii A**. The effects of unilateral vs. bilateral subthalamic nucleus stimulation on tremor and gait in persons with Parkinson's Disease. *Annals of Neurology* 2003;54 (suppl7):S69

Cheng E, Siderowf A, **Swarztrauber K**, Eisa M, Lee, M, Vickrey B. Development of Quality of Care Indicators for Parkinson's Disease. *Movement Disorders* 2004;19 (vol.2): pp 136-150.

### A WORD FROM OUR DIRECTOR

John G. Nutt, MD

Welcome to our new newsletter format. We hope you find it informative by updating you on programmatic activities as well as providing an opportunity for your feedback.

The PADRECCs' core mission is the improvement of care for veterans with movement disorders through direct clinical care, education, and research. The performance measures described below combine these three aspects of the program. Thanks to Kari, Ruth Ann, and Nicole for developing the initial framework as well as to those of you who will be involved in implementing the changes in care over the next few months.

The centrally mandated VA registry is through the Portland IRB, and we will begin collecting data within the next two weeks. The registry will be extended to Seattle as soon as IRB approval is obtained there.

Review of the PADRECCs for re-funding will take place in the coming year. We anticipate an audit from the VA Financial Accounting Operations and Reports Section (FAOR) in conjunction with the Medical and Surgical Service to review and assess the clinical and financial aspects of our program. In preparation for this audit, you may be asked to provide information about your PADRECC related activities. I would ask that you cooperate with these requests in a timely fashion as the continuation of the PADRECCs depends on it.

### PORTLAND DEVELOPS CLINICAL PERFORMANCE MEASURES

The Northwest PADRECC's clinical mission is to improve the quality of care for veterans with Parkinson's disease and other movement disorders. In our continuing effort to bring the best care possible to our veterans, we are currently developing a clinical intervention at the Portland site which stresses three main objectives. These objectives are designed with measurable outcomes in mind, and are as follows:

**1) Reduce the use of inappropriate dopamine antagonists in PD treatment.** The two main methods of accomplishing this goal will be by developing CPRS reminders or warning screens, and through the education of our VA medical providers regarding contraindicated dopamine agonists such as neuroleptics, metoclopramide and others.

**2) Implement routine screenings for falls and fall evaluation.** The objective is to increase the number of fall evaluations completed and the number of patients screened for falls. Consequently, we hope to see a decrease in the number of fall-related hospital admissions and transfers from inpatient to nursing home care.

**3) Implement routine screenings and treatment for depression.** In addition to increasing the percent of patients screened for depression, this objective addresses antidepressant management. We anticipate that these screenings and follow-up with a pharmacist will ensure that more patients tolerate anti-depressant medications, and fewer will experience depression relapse.

We're excited about these new initiatives exploring ways to improve care of PD patients, and anticipate they will help us to increase our knowledge and improve clinical practice. Your feedback is welcome and encouraged as we continue to develop these projects.

### NURSE COORDINATOR SELECTED

Please join us in welcoming Susan O'Connor, RN to the PADRECC team. She will serve as the coordinator for the co-op study and the movement disorders clinic in Portland. Susan brings to the PADRECC over 20 years of nursing experience, including research and clinical care in neurology, and specifically, Alzheimer's disease. Expect to see her the first week of April.

Please send comments and contributions to Betsy at [elizabeth.repasky@med.va.gov](mailto:elizabeth.repasky@med.va.gov)